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CONFIRMATION NO. 5950

<b>SERIAL NUMBER</b> 10/829,074	<b>FILING OR 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> CRD0931CIP
<b>APPLICANTS</b> Robert Falotico, Belle Mead, NJ; Gregory A. Kopia, Hillsborough, NJ; Gerard H. Llanos, Stewartville, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/850,293 05/07/2001 ABN which is a CIP of 09/575,480 05/19/2000 and claims benefit of 60/204,417 05/12/2000 and claims benefit of 60/262,614 01/18/2001 and claims benefit of 60/262,461 01/18/2001 and claims benefit of 60/263,806 01/24/2001 and claims benefit of 60/263,979 01/25/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <u>Skennedy</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 14
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 45511				
<b>TITLE</b> Drug/drug delivery systems for the prevention and treatment of vascular disease				
<b>FILING FEE RECEIVED</b> 2560	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	